

1	Unified Rate Review v4.3																																																																	
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3	Company Legal Name:		Aetna Health Inc. (a PA corp.)					State:		KY																																																								
4	HIOS Issuer ID:		34822					Market:		Small Group																																																								
5	Effective Date of Rate Change(s):		01/01/2019																																																															
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7																																																																		
8	Market Level Calculations (Same for all Plans)																																																																	
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10																																																																		
11	Section I: Experience period data																																																																	
12	Experience Period:		01/01/2017		to		12/31/2017																																																											
13							Experience Period																																																											
14							Aggregate Amount		PMPM		% of Prem																																																							
15	Premiums (net of MLR Rebate) in Experience Period:						\$25,168		\$474.87		100.00%																																																							
16	Incurred Claims in Experience Period						\$43,656		823.70		173.46%																																																							
17	Allowed Claims:						\$53,230		1,004.34		211.50%																																																							
18	Index Rate of Experience Period								\$1,004.34																																																									
19	Experience Period Member Months						53																																																											
20	Section II: Allowed Claims, PMPM basis																																																																	
21					Experience Period				Projection Period: 01/01/2019		to		12/31/2019		Mid-point to Mid-point, Experience to Projection:		24 months																																																	
22					on Actual Experience Allowed				Adj't. from Experience to		Annualized Trend				Projections, before credibility Adjustment		Credibility Manual																																																	
23	Benefit Category		Utilization		Utilization per		Average		PMPM		Pop'l risk				Utilization per		Average		Utilization		Average		PMPM																																											
24	Inpatient Hospital		Days		0.00		\$0.00		\$0.00		1.009		1.357		1.096		0.943		0.00		\$0.00		\$0.00																																											
25	Outpatient Hospital		Visits		3,817.27		1,043.63		331.98		1.009		1.357		1.052		0.962		3,566.88		1,566.87		465.74																																											
26	Professional		Visits		54,422.36		128.11		581.00		1.009		1.357		1.014		0.966		51,251.24		178.74		763.41																																											
27	Other Medical		Visits		15,167.04		45.90		58.01		1.009		1.357		1.052		0.962		14,172.18		68.91		81.39																																											
28	Capitation		Benefit Period		12,000.00		0.57		0.57		1.009		1.357		1.000		0.919		10,235.48		0.77		0.66																																											
29	Prescription Drug		Prescriptions		9,858.88		39.88		32.76		1.009		1.348		1.083		0.943		8,848.89		63.03		46.48																																											
30	Total								\$1,004.34																																																									
31																																																																		
32	Section III: Projected Experience:																																																																	
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49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																																																																	
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Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Aetna Health Inc. (a PA corp.)
34822
01/01/2019

State:
Market:

KY
Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		HNOption
Product ID:		34822KY006
Metal:		Silver
AV Metal Value		0.700
AV Pricing Value		0.858
Plan Category		Renewing
Plan Type:		POS
Plan Name		
Plan ID (Standard Component ID):		34822KY0060007
Exchange Plan?		No
Historical Rate Increase - Calendar Year - 2		12.69%
Historical Rate Increase - Calendar Year - 1		19.43%
Historical Rate Increase - Calendar Year 0		8.98%
Effective Date of Proposed Rates		01/01/2019
Rate Change % (over prior filing)		3.50%
Cum'tive Rate Change % (over 12 mos prior)		8.98%
Proj'd Per Rate Change % (over Exper. Period)		14.67%
Product Rate Increase %		8.98%

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	34822KY0060007
Inpatient	\$0.00	\$0.00
Outpatient	\$6.20	\$6.20
Professional	\$10.84	\$10.84
Prescription Drug	\$0.61	\$0.61
Other	\$1.08	\$1.08
Capitation	\$0.01	\$0.01
Administration	\$12.78	\$12.78
Taxes & Fees	-\$20.62	-\$20.62
Risk & Profit Charge	\$11.54	\$11.54
Total Rate Increase	\$22.44	\$22.44
Member Cost Share Increase	\$124.19	\$124.19

Average Current Rate PMPM	\$641.12	\$641.12
Projected Member Months	60	60

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	34822KY0060007
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Plan Adjusted Index Rate	\$665.43	\$665.43
Member Months	53	53
Total Premium (TP)	\$25,168	\$25,168
EHB Percent of TP, [see instructions]	0.00%	0.00%
state mandated benefits portion of TP that are other than EHB	100.00%	100.00%
Other benefits portion of TP	0.00%	0.00%
Total Allowed Claims (TAC)	\$53,230	\$53,230
EHB Percent of TAC, [see instructions]	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	100.00%	100.00%
Other benefits portion of TAC	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$21,928	\$21,928
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	
Portion of above payable by HHS on behalf of insured person, as %	0.00%	
Total Incurred claims, payable with issuer funds	\$31,302	\$31,302
Net Amt of Rein	\$0.00	\$0.00
Risk Adjustment Transfer Amount	-\$12,352.69	-\$12,352.69
Incurred Claims PMPM	\$590.60	\$590.60
Allowed Claims PMPM	\$1,004.34	\$1,004.34
EHB portion of Allowed Claims, PMPM	\$0.00	\$0.00

tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	34822KY0060007
Plan Adjusted Index Rate	\$763.03	\$763.03
Member Months	60	60
Total Premium (TP)	\$43,982	\$43,982
EHB Percent of TP, [see instructions]	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%
Total Allowed Claims (TAC)	\$51,546	\$51,546
EHB Percent of TAC, [see instructions]	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$14,700	\$14,700
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$36,846	\$36,846
Net Amt of Rein	\$0	\$0
Risk Adjustment Transfer Amount	\$94	\$94